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FAMILY NAME: LAMBRECHT  
GIVEN NAME: GREGORY H. Gregory  
PRIORITY CLAIMED (Y/N): Y  
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CORRESPONDENCE NAME/ADDRESS: CUSTOMER NUMBER: 000000 TELEPHONE: 0000000000  
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COUNTRY:

NAME: JAMES A SHERIDAN  
PANDISCIO & PANDISCIO  
STREET: 470 TOTTEN POND ROAD

CITY: WALTHAM  
STATE/COUNTRY: MA ZIP: 024511914  
EMAIL:

APPLICATION TITLES:  
CARDIAC VALVE PROCEDURE METHODS AND DEVICES

TAB TO LAST POSITION, PUSH SEND



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Bib Data Sheet

<b>SERIAL NUMBER</b> 09/700,167	<b>FILING DATE</b> 11/09/2000 <b>RULE</b> -	<b>CLASS</b> 623	<b>GROUP ART UNIT</b> 3738	<b>ATTORNEY DOCKET NO.</b> VIA-3
<b>APPLICANTS</b> Gregory H. Lambrecht, Natick, MA ; John Liddicoat, Sewickley, PA ; Robert Kevin Moore, Natick, MA ;				
<b>** CONTINUING DATA *****</b> THIS APPLICATION IS A 371 OF PCT/US00/02126 01/27/2000				
<b>** FOREIGN APPLICATIONS *****</b>				
<b>IF REQUIRED, FOREIGN FILING LICENSE</b> <b>GRANTED ** 12/18/2000</b>				
Foreign Priority claimed <input checked="" type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Verified and Acknowledged <i>[Signature]</i> Examiner's Signature Initials		<b>STATE OR COUNTRY</b> MA	<b>SHEETS DRAWING</b> 20	<b>TOTAL CLAIMS</b> 32
			<b>INDEPENDENT CLAIMS</b> 14	
<b>ADDRESS</b> Pandiscio & Pandiscio 470 Totten Pond Road Waltham ,MA 02451-1914				
<b>TITLE</b> Cardiac valve procedure methods and devices				
<b>FILING FEE RECEIVED</b> 1736	<b>FEES: Authority has been given in Paper</b> No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	